PAGE 1 / 18

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Othe	r Than An Au	thorized	Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		nple: If typ the lines.	ing, type	12FE	4M5		
Cooperative of A	merican Phys	sicians IE Co	mmittee)					
ADDRESS (number and s	street) 333 S H	ope St 8th Floor							
Check if differe than previously reported. (ACC	/ Los And	geles				CA	90071		
2. FEC IDENTIFICAT	TION NUMBER	, CI	TY 🛦			STATE A		ZIP COD	DE 🛦
C C00492116			IS THIS REPORT		NEW (N) OR	x	AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repor	Re Du	port e On: Ma	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Ğ	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Ï	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly F October 15 Quarterly F January 31	Report (Q3)	12-Day PRE-Election Report for the:		Primary (12 Convention		=	eral (12G)	in the	Runoff (12R)
Year-End F July 31 Mid Report (No Year Only) Termination (TER)	on-election (MY)	30-Day POST-Election Report for the:	ion on	General (30		_	off (30R)	in the State of	Special (30S)
5. Covering Period	10 0		Y	through	10_	19	/ Y Y 20	16	
I certify that I have exar	Olson,	and to the best o	f my know	ledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Olson, Rebecca, ,	,	I	Electronical	ly Filed]	Date	01 / 25		2017
NOTE: Submission of fals	se, erroneous, or in	complete informati	on may sub	ject the pe	rson signing t	this Report	to the penalti	es of 52 l	J.S.C. § 30109
Office Use								FORI Rev. 05/20	

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		-
Cooperative of American Physicia	ans IE Committee	
Report Covering the Period: From:	10 01 2016 To	: 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		910802.75
(b) Cash on Hand at Beginning of Reporting Period	823250.64	
(c) Total Receipts (from Line 19)	581.85	592011.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	823832.49	1502813.99
7. Total Disbursements (from Line 31)	225110.56	904092.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	598721.93	598721.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Cooperative of American Physicians IE Committee

10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 550.00 591395.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized (iii) TOTAL (add 591395.00 550.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 591395.00 550.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 616.24 (Dividends, Interest, etc.)..... 31.85 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 592011.24 581.85 20. Total Federal Receipts 581.85 592011.24 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	10441 1110 1 01104	Calendal Teal-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	05050.00	0.40005.04
Expenditures(c) Total Operating Expenditures	65050.00	643685.94
(add 21(a)(i), (a)(ii), and (b))▶	65050.00	643685.94
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		4
(use Schedule E)	160060.56	260406.12
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	, , , , , ,	4 4
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity	0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	225110.56	904092.06
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	225110.56	004000.00
,	223110.00	904092.06

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	550.00	591395.00
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	550.00	591395.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65050.00	643685.94
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	65050.00	643685.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE	6	OF	18
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not le name and address	be sold or used by any per of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cooperative of American Physi	icians IE Comr	mittee	
Full Name of Individual (Last, First, Middle In Cooperative of American Physicians Mailing Address 333 S Hope St 8th Floor	nitial) or Full Organiza	ation Name	Date of Receipt
City	04-4-	n Code	10 09 2016
City Los Angeles		ip Code 90071	Transaction ID : 11AI-204
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 550.00
Name of Employer (for Individual)	Occupation	n (for Individual)	Memo Item In-Kind: Administrative Fees
Receipt For: 2016 Primary General ✓ Other (specify) ▼ Calendar Year	Aggregate Year-to	o-Date ▼ 591395.00	
Full Name of Individual (Last, First, Middle In Mailing Address	nitial) or Full Organiza	ation Name	Date of Receipt
City	State Zi	ip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occupation	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼	
Full Name of Individual (Last, First, Middle In	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zi	ip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occupation	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼	
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	550.00
TOTAL This Period (last page this line number	· only)		550.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 18 (check only one) 11a 11b 11c 12 13 14 15 16 🗶 17
	ny information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Cooperative of American Physic			
Α.	Full Name of Individual (Last, First, Middle Ini Wells Fargo Bank	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 333 S Grand Ave			10 19 2016
	City Los Angeles	State CA	Zip Code 90071	Transaction ID : 17-202-O Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		31.85
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Interest Earned
	Receipt For: 2016 Primary General Other (specify) ▼ Calendar year	Aggregate	Year-to-Date ▼ 616.24	
В.	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	organization Name	Date of Receipt
٥.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
-	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	organization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
	IIRTOTAL of Receipts This Page (optional)			31.85

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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C.	Full Name (Last, First, Middle Initial) Siciliani, Tony, , ,							Date o	f Di	sburse	eme			
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	Sacramento	CA	95816						ieti((ncallo	II IN	umber		
	Purpose of Disbursement Printing & Mailing Expeses					$\neg \overline{}$		С						
	Candidate Name			0	04		"					: 21B-42		
	Candidate Name			Cate	egor ype	y/	_	Amoun	t of	Each	Dis	burseme	ent this	Period
	Office Sought: House Disburse	ment For:		17	, ha								10981.	55
	Senate	Primary	General							7	SU	BVFND	OR to Ch	nris Jones
	President	Other (spec	cify) ▼		X Memo Item			Item		nsulting	10 01	001103		
	State: District:	- 												
8	UBTOTAL of Disbursements This Page (optional)					•				7		7		00
H														
T	OTAL This Period (last page this line number only	')												1

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Cooperative of American Physician	s IE Committee		
Full Name (Last, First, Middle Initial)			
Cooperative of American Physician	ns ————————————————————————————————————		Date of Disbursement
Mailing Address 333 S Hope St 8th Floor			10 09 2016
Los Angeles	State Zip Code CA 90071		FEC Identification Number
Purpose of Disbursement In-Kind: Administrative Fees			C
Candidate Name		Category/	Transaction ID : 21B-204-N Amount of Each Disbursement this Period
		Type	
	Primary General		550.00
State: District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			
B. Holland & Knight LLP			Date of Disbursement
Mailing Address Post Office Box 864084			10 04 2016
City Orlando	State Zip Code FL 32886		FEC Identification Number
Purpose of Disbursement	02000		C
Federal Public Policy Candidate Name		001 Category/	Transaction ID : 21B-410 Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	5000.00
	Primary General		4 4
State: President District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. NMB Research, LLC			Date of Disbursement
Mailing Address 206 N Fayette St			10 04 2016
City	State Zip Code		FEC Identification Number
Alexandria Purpose of Disbursement	VA 22314		
Polling Candidate Name		005	Transaction ID : 21B-409
Canadate Hamo		Category/ Type	Amount of Each Disbursement this Period
	Primary General		24000.00
State: District:	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····	29550.00
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Llas caparata cabadula(a)		FOR LINE NUMBER: PAGE 13 OF 18			
ITEMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the	(check only 21b 28a	22 28b	23 26 27 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)		, pointour				
Cooperative of American Physicia	ns IE Comm	nittee				
Full Name (Last, First, Middle Initial)				Data of Dia	huvaamant	
A. NMB Research, LLC					bursement	
Mailing Address 206 N Fayette St				10	07 2016	
City Alexandria		Code 2314		FEC Identif	ication Number	
Purpose of Disbursement	VA 2.	2314		С		
Polling			005		ction ID : 21B-408	
Candidate Name		- '	Category/		Each Disbursement this Period	
Office Sought: House Disburse	ement For:		Туре		18500.00	
Senate	Primary					
President State: District:	Other (specify)	▼		Memo	Item	
Full Name (Last, First, Middle Initial)						
B. P.M. Restaurants/Consulting, Inc.					bursement	
Mailing Address PO Box 518				10	07 2016	
City Brea		Code 2822		FEC Identif	ication Number	
Purpose of Disbursement	С					
Political Strategy Consulting Candidate Name Category/ Type					ction ID : 21B-407 Each Disbursement this Period	
Office Sought: House Disburse	ement For:		Туро		12000.00	
Senate Primary General President Other (specify)					,	
State: District:	Other (specify)			Memo	Item	
Full Name (Last, First, Middle Initial) C. PJM Creative				Date of Dis	bursement	
I divi Oleative					D D / Y Y Y Y Y	
Mailing Address 1600 Countrywood Ct				10	20 2016	
City		Code		FEC Identif	ication Number	
Walnut Creek Purpose of Disbursement	CA 9	4598		С		
Independent Expenditure Subvendor Below 004					ction ID : 21B-419	
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period	
Office Sought: House Disburse Senate	ement For:	Gonorel	71. 2		0.00	
President	Primary Other (specify)	General ▼		п		
State: District:	[(*		Memo	item	
					20500.00	
SUBTOTAL of Disbursements This Page (optional).			·····•		30500.00	
TOTAL This Period (last page this line number only	<i>(</i>)					

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check o					□ oc □ o7		
		Summary Page	X 21b		23 28c	26 27 29 30b		
Any information copied from such Reports and Sta								
or for commercial purposes, other than using the r								
NAME OF COMMITTEE (In Full)								
Cooperative of American Physici	ans IE Co	ommittee						
Full Name (Last, First, Middle Initial)								
A. U.S. Postmaster					f Disburse			
Mailing Address 9241 Old State Hwy				10		3 2016		
City Newcastle	State CA	Zip Code 95658		FEC Id	entificatio	n Number		
Purpose of Disbursement	071	93030		С				
Postage			004		neaction	ID : 21B-422-S		
Candidate Name			Category/	1		Disbursement this Period		
Office Sought: House Disbur	sement For:		Туре	1		8400.00		
Senate	Primary	General			7	SUBVENDOR to PJM Creat		
President State: District:	Other (spe	ecify) ▼		✗ Me	mo Item	ODDVENDOR TO 1 SWI Oreal		
Full Name (Last, First, Middle Initial)				+				
B.				Date of	f Disburse	ement		
				M = M	/ D	D / Y Y Y Y		
Mailing Address								
City	State	Zip Code		FEC Id	entificatio	n Number		
Purpose of Disbursement				С				
			1 : : 1					
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period		
Office Sought: House Disbursement For:				1 .				
Senate	Primary	Primary General				4 4		
President	Other (specify)				mo Item			
State: District: Full Name (Last, First, Middle Initial)				+				
C.				Date of	f Disburse	ement		
					/ D	D / Y Y Y Y Y		
Mailing Address								
City	State	Zip Code		FEC Id	entification	n Number		
Purpose of Disbursement				С				
Taiposs of Dissardance								
Candidate Name Category/ Type				Amoun	t of Each	Disbursement this Period		
Office Sought: House Disbur	sement For:		туре	+ -				
Senate Primary General						7		
President Other (specify) ▼					mo Item			
State: District:								
SUBTOTAL of Disbursements This Page (optiona	l)					0.00		
	-					05050.00		
TOTAL This Period (last page this line number or	nly)					65050.00		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				<u>'</u>	
Cooperative of American Physicians IE Committee					
				C C00492116	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee PJM Creative		☐ Memo	Item Dat	te of Public Distribution/Dissemination	
Mailing Address 1600 Countriewood Ct				10 10 2016	
1600 Countrywood Ct	Am	ount			
City	State	Zip Code		28976.16	
Walnut Creek	CA 94598			ansaction ID : E-411 te of Disbursement or Obligation	
Purpose of Expenditure Mailer	Category/ Type 004			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office Sou	ught: X House District: 44	
Hall, Isadore, , ,		Oppose	l —	sident Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	100122.30	Disbursem 2016	nent For:	
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination	
The Campaign Group, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 2723			Am	ount	
City	State	Zip Code	— Г	21490.00	
La Jolla	CA	92037		ansaction ID : E-412	
Purpose of Expenditure		Category/	Dat	te of Disbursement or Obligation	
Radio Advertising		Type 004		10 11 2016	
Name of Federal Candidate:		✗ Support	Office Sou	ught: X House District: 36	
Ruiz, Raul, , ,		Oppose	Pres	sident Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	7 7	63215.00	Disbursem 2016	nent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures			· •	50466.16	
(a) SUBTOTAL of Unitemized Independent Expenditure	'AC		. Γ		
(a) SUBTOTAL OF ORRESTRIZED INDOPERIOR EXPORTANT	es		•		
(a) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Olson, Rebecca, , ,	Electronically Fil	led] Doto	e 01	25 2017	
Signature		Date	, 01	23 2017	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 18	
NAME OF COMMITTEE (In Full)			FEC	FOR LINE 24 OF FORM 3X	
Cooperative of American Physicians IE Committee Cooperative of American Physicians IE Committee C C00492116					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y	
Full Name of Payee					
Chris Jones Consulting	10 10	/ 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3245 Granite Creek PI	Amount				
City	State	Zip Code		11681.32	
Newcastle	CA 95658			ID: E-413 bursement or Obligation	
Purpose of Expenditure Mailer	Category/ Type 004			/ D D D 14 2016	
Name of Federal Candidate:		X Support	Office Sought:	X House District: 31	
Aguilar, Pete, , ,		Oppose	President	Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	00400 00			Primary X General specify) ▶	
Full Name of Payee		☐ Memo	Item Date of Publ	lic Distribution/Dissemination	
Chris Jones Consulting					
Mailing Address 3245 Granite Creek PI			Amount		
City	State	Zip Code	—	24285.24	
Newcastle	CA	95658	Transaction		
Purpose of Expenditure Mailer		Category/ Type 001	M 10	14 2016	
Name of Federal Candidate:	Office Sought:	■ House District:10			
Denham, Jeff, , ,	Denham, Jeff, , ,			Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	24285.24	Disbursement For: 2016 Other (s	Primary X General specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				35966.56	
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•		
(a) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•		
Olson, Rebecca, , ,	[Electronically File	lød1	M = M / D = D		
Signature		Date	9 01 25	2017	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEFENDENT EXPENDITORES			PAGE 17 OF 18 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians I	E Committe	ee	C C00492116
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee PJM Creative		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1600 Countrywood Ct			10 20 2016
	Amount		
City	City State Zip Code		
Walnut Creek	CA	94598	Transaction ID : E-419 Date of Disbursement or Obligation
Purpose of Expenditure Mailer	cose of Expenditure ailer Category/ Type 004		
Name of Federal Candidate:		X Support	Office Sought: X House District: 44
Hall, Isadore, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	100122.30	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
The Campaign Group, Inc.			10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 2723			Amount
City	State	Zip Code	41725.00
La Jolla	CA	92037	Transaction ID : E-420 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 36
Ruiz, Raul, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	1 1 1	63215.00	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 62871.14
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		>
(a) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
Olson, Rebecca, , ,	Electronically File	ed] Date	e 01 25 2017
Signature	<u> </u>	_ Date	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 18 OF 18 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Cooperative of American Physicians IE Committee					
C C00492116					
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on		
Full Name of Payee Memo Item Date of Public Distribution/Dissemination					
Chris Jones Consulting 10 20 2016					
Mailing Address 3245 Granite Creek PI	Amount				
City	City State Zip Code				
Newcastle	CA 95658				
Purpose of Expenditure Mailer					
Name of Federal Candidate:		✗ Support	Office Sought: House District: 31		
Aguilar, Pete, , ,		Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	22438.02	Disbursement For: Primary General 2016 Other (specify) ▶		
Full Name of Payee		Memo			
			M M / D D / Y Y Y Y		
Mailing Address					
			Amount		
City	State	Zip Code			
Purpose of Expenditure Category/ Type			M M / D D / Y Y Y Y		
Name of Federal Candidate: Support Office Sought: House District:					
Oppose President Senate State:					
Calendar Year-To-Date			Disbursement For: Primary General		
Per Election for Office Sought	7 7		Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	·		10756.70		
(a) SUBTOTAL of Unitemized Independent Expenditu	res		>		
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized				
Olson, Rebecca, , ,	[Electronically Fil	adl	M = M / D = D / Y = Y = Y		
Signature	приссиониции Ги	Date	25 2017		